SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/049906 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND :2 <u>: 3</u> :8 :9 J<u>.1</u> 近近多了思见的1123日 37 <u> 78</u> יוונייי /ô INJAL TOYAL •May be __ed for additional claum or amundumte

Best Aveilloble Copy

U.S. DEPARTMENT . COMMERCE